

STANDARD CERTIFICATE OF DEATH  
DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

ARIZONA STATE DEPARTMENT OF HEALTH  
DIVISION OF VITAL STATISTICS

State File No. 583

Registrar's No. 163  
General Hosp.  
Libel 6270  
Life 62 yrs

1. Place of Death: (a) County Yuma (b) City or Town Yuma (c) Location General Hosp.  
(If outside city limits also write RURAL)  
(d) Length of Stay: In Hospital or Institution 7 days In Community Libel 6270 In Arizona Life 62 yrs  
(Specify whether years, months or days)  
2. Usual Residence of Deceased: (a) State Arizona (b) County Yuma (c) City or Town Yuma  
(If outside city limits also write RURAL)  
(d) Street No. 1168-3rd ave (e) Citizen of foreign country (Yes or No) no  
If Yes, which country \_\_\_\_\_  
3. (a) FULL NAME Lucy Bedoya (b) If Veteran name war no (c) Social Security No. no

4. Sex Female 5. Race White (a) Single, married, widowed or divorced widowed  
☒ White ☐ Indian ☐ Negro ☐ Oriental

6. (b) Name of husband Panfilio Bedoya (c) Age of husband 62 yrs.  
wife, if alive \_\_\_\_\_ yrs.

7. Birthdate of deceased June 6, 1884  
(Month) (Day) (Year)

8. AGE: Years 62 Month 4 Days 25 If less than one day  
hrs. min.

9. Birthplace Yuma, Arizona  
(City, town or county) (State or Country)

10. Usual Occupation Housewife

11. Industry or Business Home

12. Name Pedro Barrios

13. Birthplace Unknown Mexico  
(City, town or county) (State or Country)

14. Maiden Name Mary Diaz

15. Birthplace Yuma, Arizona  
(City, town or county) (State or Country)

16. (a) Informant's own signature Frank Delgado  
(b) Address 1168-3rd ave Yuma

17. (a) Burial, Cremation or Removal Buried  
(b) Place Desert Lawn Memorial Date 11-4-46

18. (a) Embalmer's Signature F. H. Johnson  
(b) Funeral Director The Johnson Mortuary  
(c) Address Yuma, Arizona

19. (a) Nov 2 - 1946  
(Date received by Registrar)  
(b) Mary C. Kupperman  
(Registrar's Signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH (Month, day and year) Oct 31, 1946  
TIME (Hour and minute) 11:40 PM M.

21. I hereby certify that I attended the deceased from Oct 1, 1946 to Oct 31, 1946  
that I last saw him OK alive on Oct 30, 1946  
and that death occurred on the date and hour stated above.

Immediate cause of death Miliary tuberculosis

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Tuberc meningitis  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

DURATION

3 mo

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

(a) Accident, suicide or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_  
(City or Town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_  
(Specify type of place)

While at work? \_\_\_\_\_ (c) Means of injury \_\_\_\_\_

23. Signature M. A. Phillips Address Yuma, Ariz Date signed 11/2/46